

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY

Postmark Date: 11/20/04

-TERM

104479

1. NAME Crenshaw Laurinda J.
Last First MI

2. BUSINESS PHONE 318-362-6956

3. BUSINESS ADDRESS	22 State Farm Drive	Monroe	LA	71208
	Street and No.	City	State	Zip

MAILING ADDRESS	22 State Farm Drive	Monroe	LA	71208
	Street and No.	City	State	Zip

4. EMPLOYER State Farm Insurance Companies

5. EMPLOYER'S ADDRESS	22 State Farm Drive	Monroe	LA	71208
	Street and No.	City	State	Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes ☒ No ☐

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name State Farm Insurance Companies

Address 22 State Farm Drive, Monroe, LA 71208

Business or purpose	Insurance
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☐ New Representation
Does this person pay you?

If No, who pays you?

Terminated Representation as of 01/01/04

2023 Jan 22 Fri 2:33

Editorial Board

SUPPLEMENTAL REGISTRATION FORM



2. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

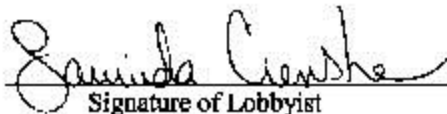
☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.


Signature of Lobbyist